



Department
of Health

Evidence of service transformation for 0-5s

Health Visitor Programme



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Support for transition to parenthood using the Antenatal and Postnatal Promotional Guides

- This example describes a health visiting initiative to improve the quality of the antenatal and postnatal contact by implementing and embedding the Promotional Guide (PG) as the standard method used during these contacts
- The PG is an evidence based approach that is recommended in The Healthy Child Programme (HCP) as it improves outcomes for children and families
- The PG is presented as a “strengths based” guide for a conversation that aims to establish a supportive health visitor-parent partnership and to empower parents to explore, clarify and resolve issues
- All Health Visitors and student health visitors within the Trust were trained to use the PG
- Health visitors using the PG were better at identifying family need than practitioners who were not trained
- Mothers in receipt of the intervention also reported higher levels of satisfaction with the health visiting service and health visitors reported greater levels of job satisfaction
- A “Train the Trainer” model of PG training delivery was a cost effective method of training a large workforce whilst creating local “champions” who supported implementation .

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Date – 20th July 2015

Local Authority – Hampshire County Council

Background: Supporting transition to parenthood has been identified as a Health Visiting “High Impact Area” and part of the universal service, which aims to support parents in adjusting to their new role and build healthy relationships with their infants. A growing body of evidence highlights how a child’s early experience, environmental influences and exposure to toxic stress in utero and the early years are associated with poor health and developmental outcomes. Conversely, protective factors like social support, positive maternal mental health and attentive parenting styles are associated with optimal brain development. The first 3 universal health visiting contacts incorporate the initial holistic health needs assessment to enable early identification of needs and risks. Evidence based early intervention can then be effectively targeted at those families with the greatest need and have been shown to be a cost effective way of improving outcomes for disadvantaged children.

This case study describes a health visiting initiative to improve the quality of the antenatal and postnatal contact by implementing and embedding the Promotional Guide (PG) as the standard method used during these contacts. The PG is an evidence based approach that is recommended in The Healthy Child Programme (HCP) as it improves outcomes for children and families. The PG is presented as a “strengths based” guide for a conversation that aims to establish a supportive health visitor-parent partnership and to empower parents to explore, clarify and resolve issues. The PG is underpinned by five core themes which continue to be supported by extensive research on early adversity and the association with poor outcomes for

children. The PG supports practitioners' analysis and assessment of need based on the presence, effects and interactions between the individual risk and resilience factors. This forms the basis for a shared understanding between parents and professionals about the influence of risk and resilience factors and mutual decision-making about appropriate goals and actions. Health visitors using the PG were better at identifying family need than practitioners who were not trained, mothers in receipt of the intervention also reported higher levels of satisfaction with the health visiting service and health visitors reported greater levels of job satisfaction.

Approach taken

- All Health Visitors and student health visitors within the Trust were trained to use the PG. The universal antenatal contact is provided from the 28th week in pregnancy, ideally continuity of practitioner is achieved, with the same HV delivering the new birth visit between day 10 and 14 and the post-natal contact between 4-8 weeks post-natally.
- Organisational and service changes addressed early implementation challenges: Appointment letters, service information leaflets and the Trust health visiting website were redesigned to more clearly communicate the antenatal role of the health visitor; antenatal contacts are now provided universally with improved practitioner continuity and increased appointment times; relevant Trust policies and guidance were updated to incorporate PG practice; the service specification was revised to address more 'unmet needs' particularly in relation to problematic parent-infant attachment. The Health Visiting Training Needs Analysis now includes the delivery of the Institute of Health Visiting Infant Mental Health training to all health visitors. An Infant mental health care pathway and care plan were developed to augment practice and demonstrate outcomes. Aligning the electronic patient record to incorporate the PG remains a "work in progress", however record keeping now forms an integral part of PG training to support best practice within the existing system.

Impact from service evaluation:

- The majority of practitioners agreed that the PG represented "best practice" which improved job satisfaction, promoted positive health visitor-parent relationships, supported an individualised client-centred approach, improved need identification, resulted in positive parent feedback and improved HV service uptake at subsequent universal contacts.
- Health visitors valued the contribution that the PG gave them to develop their skills and enhance their practice, with most reporting that it has become their preferred method of delivering these contacts.
- A greater awareness amongst health visitors of the importance of discussing factors which affect transition to parenthood and long term health outcomes for children.
- Health visitors reported that increased identification of health needs enabled provision of preventative and early intervention health visiting practice, or referral to other agencies as needed, to families who might previously have had their needs unrecognised.

Lessons learnt: A "Train the Trainer" model of PG training delivery was a cost effective method of training a large workforce whilst creating local "champions" who supported implementation. This also had a powerful galvanising effect on peers and colleagues, providing an important source of knowledge and expertise. HVs felt the PG enhanced their practice and feedback from parents was positive. However implementing this change to routine practice was not straightforward and a method commonly described as "train and hope" was not sufficient to embed the PG in practice. A "whole system" implementation strategy supported successful implementation.

Case study (pseudonyms used): Angela was 35 years old and was expecting her first child. Angela met her health visitor at the antenatal appointment when she was 32 weeks pregnant. The health visitor used the PG as part of a guided conversation to start to build a relationship with Angela and explore her feelings about becoming a parent. The strengths based, partnership approach is an effective way of enabling parents to focus on the things that matter to them and Angela quickly started speak about her worries. Angela described how she had never really wanted a baby; she felt “*nothing*” for the baby and was worried that she would not be a “*good*” mother. The thought of becoming a mother felt overwhelming at times and Angela described symptoms of anxiety. The PG incorporates an assessment of mood and Angela’s symptoms indicated that she had antenatal depression and anxiety and was experiencing difficulties bonding with her unborn baby. In partnership with Angela, a package of care was devised which incorporated a “fast track” referral to Psychological therapies, an appointment with her GP and the delivery of a universal plus health visiting service with individualised care plans incorporating “maternal mental health” and “building relationships with your baby”. Following the birth of her daughter, Angela remained low in mood and felt that she had no bond with her baby. The health visiting universal plus package of care continued and was successful, resulting in Angela’s mood returning to normal at 6 months post-delivery. Angela completed a service user evaluation which included the comment, “*Thank you for helping me during these most difficult times. I now feel an overwhelming love for Grace and cannot thank you enough for helping me find such joy in my lovely family*”.

- 1) Sharon was expecting her 3rd child. The midwifery notification did not identify any risk factors. At the antenatal appointment with the health visitor, using the PG, Sharon started to share information about her previous difficulties with low mood and relationship breakdown with the father of her 2 older children. She described Paul, the father of her 3rd child, as supportive. She felt emotionally well and confident managing her children and was looking forward to the birth. Continuity of health visitor at the subsequent new birth visit and post-natal review developed a level of trust between the HV and both parents. Towards the end of the postnatal review appointment, after describing how well things were going, Paul suddenly said, “*I think we should tell her, she can help us*”. He went on to describe how they had been arguing a lot and the police had been called the previous evening after a verbal dispute. The health visitor used her communication skills to explore the current situation in a non-judgemental way. Paul started to openly share how he had been abused as a child, had been brought up in care and had always struggled to manage his anger; he said he had never felt able to talk about this to anyone. Paul said he wanted to be “*a great dad*” but was now beginning to think this was impossible. Sharon shared symptoms of postnatal depression which was confirmed by the Edinburgh Postnatal depression scale. In partnership with the family, the health visitor planned a package of support which included health visiting support for transition to parenthood and maternal perinatal mental health, male counselling for Paul to address his longstanding problems with anger and their root cause, antidepressant treatment for Sharon from the GP and support from the Children centre. This multi-agency package of support was sufficient to contain the situation through a period of ups and downs which lasted 8 months. At which point Sharon’s mood had returned to normal, Paul felt that his anger was much better controlled and his self-esteem had increased to a level which enabled him to secure employment following years of unemployment. The family continue to engage with the Children centre and have returned to universal health visiting. No further incidences of violence or aggression have been reported. This case study highlights how families will often only disclose their most significant health needs within a trusting relationship. The universal HV service enables assessment of needs over time, rather than relying on an initial “snapshot” which is more likely to leave health needs unrecognised and inhibit access to timely early intervention.

The Early attachment service (EAS), Tameside and Glossop

- The Early Attachment Service (EAS) model delivers a comprehensive, cost effective and sustainable service
- The model allows the service to flex and respond to changing demands within a framework of both targeted and universal service provision
- It recognizes the importance of broad workforce and service development and collaborative approaches in sustainability, rather than investing only in a high degree of specialism
- Pathway evaluations of professionals' and parents' experiences indicated that there was "very good" multi-agency care planning for parents, greater awareness of how each service works, enhanced multi-agency working and communication and learning from the experience of service users
- In the period of 2014-2015, 41% of EAS referrals were parents presenting antenatally, 80% of infants were seen before eight weeks old, 96% infants were seen at 1 year or younger
- Being able to access early intervention as soon as possible following the identification of problems in the parent-infant relationship is important, as it is associated with positive outcomes for children
- EAS has a wide range of data, evaluations and performance measures to demonstrate the impact of its work with families.

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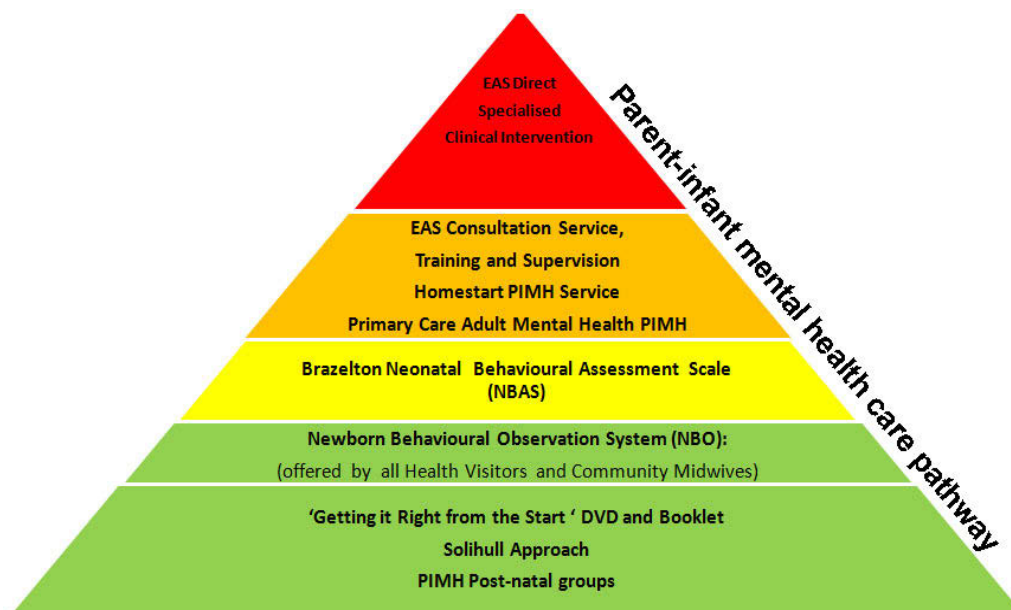
Local Authority: Tameside and Glossop

Background: Supporting successful Transition to Parenthood is one of the Department of Health's six High Impact areas and underpins all levels of the health visiting service offer. Supporting parents to build strong and healthy relationships with their baby lays the foundation for secure attachment. A growing body of evidence highlights the importance of the first three years in a child's life for healthy brain development and their ability to manage stress, reduce adult mental health problems and build healthy relationships. A focus on prevention and early intervention to support attuned parenting and positive parent-child relationships aims to reduce the costs of future Child and adolescent mental health services and the wider economic costs to society associated with leaving these issues untreated.

Challenge: The Early Attachment Service (EAS) model was developed in partnership with health visitors, parents, midwives, the voluntary sector, wider children's workforce, adult mental health services and early attachment specialists to promote parent-infant mental health in an integrated way. EAS delivers a comprehensive, cost effective and sustainable service. The model allows the service to flex and respond to changing demands within a framework of both targeted and universal service provision. It recognizes the importance of broad workforce and service development and collaborative approaches in sustainability, rather than investing only in a high degree of specialism.

Approach taken: Universal provision enables early identification of families requiring additional support and is an ideal opportunity to present key messages to ensure that emotional well-being and the importance of that first relationship between infant and parent is understood and valued.

- **The Integrated Parent Infant Mental Health (PIMH) Care Pathway** provides an early, accessible, comprehensive assessment by the health visitor of parent mental health and infant attachment problems. The assessment focuses on risk and protective factors and provides a strengths-based approach to working with families which is ideally suited to engaging vulnerable families. Depending on the parent's history and response to the assessment, their care follows one of three pathways: Green, amber or red. The majority of families receive the green pathway. The amber pathway is provided to families who have mild to moderate problems, while the red pathway is for those with more serious issues.
- **Specialist training of staff.** All staff who work routinely with infants and parents are proficient in promoting and facilitating the parent-infant relationship and identifying problems. External training in The Brazelton Neonatal Behaviour Assessment Scale (NBAS) and/or Newborn Observation (NBO) System training has been provided to all health visitors, community nursery nurses, a representative group of midwives, Home Start Coordinators, Community Nursery Nurses and specialist perinatal adult mental health workers. To compliment this, the EAS specialist team of health visitors, psychologists and adult mental health workers provide additional training which helps professionals facilitate increased sensitivity between parents and infants. REFs



Pyramid of support and intervention: Parent Infant Mental Health Provision in Tameside and Glossop

Promoting understanding of parent-infant mental health with a 'bottom up', rather than a 'top down' service, aims to achieve culture change through communities owning, valuing and sharing an understanding of infant communication and the importance of the first relationship between infant and parent.

Green: Health visiting Universal intervention

- Universal post-natal programme, 'Early Start' for parents and infants up to 1 year of age: is evidence based and focuses on enhancing the parent-infant relationship. The programme is based on key theoretical concepts in parent-infant mental health: Sensitivity, reflective functioning, regulation of affect, and self and mutual interactive regulation.
- All new parents receive a purpose-designed DVD and booklet, "Getting it right from the start" at their 20 week scan to promote sensitive and responsive early parenting and infant communication.
- The NBO intervention is delivered by HVs and promotes attuned parenting, supporting parents to understand their baby's cues.
- The Solihull Approach underpins the universal HV service and is based on the principles of containment, reciprocity and behaviour management. Solihull Parenting is offered to all parents with children from 1-2 years of age.

Amber: Mild to Moderate Intervention

- A close partnership between Primary Care Adult Mental Health, health visiting and EAS improves integration, awareness and support available to pregnant women and their partners.
- Groups for parents with mental health problems are provided by HVs in EAS during the antenatal period and post-natally.
- A 'Babies Can't Wait' agreement means that all pregnant women or those with children under the age of two years and their partners can access Healthy Minds (IAPT) service directly, avoiding any wait. Partnership working has raised the importance of providing support to parents with mental health issues during the perinatal period, and also the importance of the parent-infant relationship.
- Health visitors have a key role in training Homestart volunteers in parent- infant mental health for their work as befrienders with vulnerable families.
- Concerns raised through a universal NBO delivered by the HV require a more in-depth NBAS and specialist early intervention to address emerging issues, which if left untreated may develop into patterns of behaviours that are more difficult to change and may require costly safeguarding services. In addition, if a baby is identified with additional needs, a NBAS may be provided first, enabling children with complex needs to access specialist support and early intervention.

Red: Direct Specialised Clinical Intervention

- The team work closely with the Post-Natal Ward, Neonatal Intensive Care Unit, Ante-Natal Clinic, Specialist Midwives for Mental Health, Safeguarding and Young Parents, and offer support to the Fostering and Adoption team.
- Service interventions include: Interaction guidance, video feedback, adult psychotherapy, and parent-infant psychotherapy. The therapy provides a space to contain and treat the parent's anxieties and distress and also supports the infant at a time when the parent may be finding this more difficult to do so. Families often receive a range of interventions depending on their individual and changing needs.
- Staff from EAS, Home Start, Health Visiting, CAMHS, and Early Years have been trained in "Mellow Parenting" designed to support families who have experienced serious adversity to the extent that they are struggling to establish or maintain a positive

relationship with their children. Mellow groups are co facilitated by two staff, usually a senior mental health clinician and health visitor

Service evaluation

- Pathway evaluations of professionals' and parents' experiences indicated that there was "very good" multi-agency care planning for parents, greater awareness of how each service works, enhanced multi-agency working and communication and learning from the experience of service users. In the period of 2014-2015, 41% of EAS referrals were parents presenting ante-natally, 80% of infants were seen before eight weeks old, 96% infants were seen at 1 year or younger. Being able to access early intervention as soon as possible following the identification of problems in the parent-infant relationship is important, as it is associated with positive outcomes for children.
- EAS has a wide range of data, evaluations and performance measures to demonstrate the impact of its work with families. All families who are seen receive pre and post measures. These include: PHQ-9, GAD-7, Mothers' Object Relations Scale, Parenting Stress Index, Parent-Infant relationship - Global Assessment Scale, and Parent Infant Relational Assessment Tool.

Mothers' Object Relations Scale (MORS): This is a 14 item questionnaire which assesses a mother's representation of her infant. Based on the completed scales there was 80% decrease in parents reporting hostile feelings towards their baby after treatment.

Parent-Infant relationship Global Assessment Scale (PIR-GAS): The relationship between parents and infant/child was rated before and after treatment using the PIR-GAS. 92% of parents showed an improvement in their rating after treatment. 31% of the families showed improvement by two categories, and 24% showed improvement by three categories.

Experience of Service Questionnaire: All service users complete the survey; 100% said "I learned something new about my baby/ child"; 90% agreed that "I feel more tuned in to my baby/ child" and 100% agreed that "I feel more confident about my ability to care for my baby/ child".

- A recent evaluation of "Getting it right from the start" indicated that this resource represents an effective method of reaching all parents during the perinatal period.
- In 2013 an evaluation of the NBO was conducted to explore its use in the everyday practice of Health Visitors. The majority of health visitors reported making changes to their working practice as a result of the NBO training and some stated that it refocused their attention on the parent-infant relationship.
- Preliminary findings on the implementation of the Solihull Approach suggest that parents are significantly benefiting from the groups and are reporting reduced levels of stress.

Case Study: Lauren was a 22 year old single parent with three children aged 7 months, 2 & 3 years. She contacted the Health Visitor as she was feeling "very down and unable to cope". Lauren had previously received a universal service. When the Health Visitor made contact, she had several concerns: Lauren made little effort to meet the needs of George; she was unresponsive to his crying and needed prompting to console him. Lauren was extremely tearful and had a previous history of self-harm. The Health Visitor completed the Edinburgh Postnatal depression scale and Lauren had a high score of 19 with thoughts of harming herself. The environment was cluttered and candles were burning in an unsafe manner. Lauren was underweight and losing her hair.

By working in partnership with Lauren, the Health Visitor initially identified some practical support for Lauren from a family friend and referred the Family to EAS. The EAS health visitor specialist enabled Lauren see “the baby in the room and not the Ghosts from the Nursery”. Lauren’s childhood experiences included poor support from her parents; witnessing domestic violence; frequent house moves and difficulties maintaining friendships. EAS gradually raised Lauren’s awareness of the baby, sometimes being the voice for the baby as he reached out for his Mum. Over time Lauren could attend to him to a greater degree and their relationship gradually flourished and she started to talk positively about her baby.

The health visitor organised a multi-disciplinary package of support. Primary Care Adult Mental health confirmed a diagnosis of postnatal depression and provided medication and weekly counselling sessions. A Homestart volunteer helped Lauren with her social isolation, provided support with practical issues of the home and gave giving Lauren a physical space as well as a mental one. The Health Visitor continued to support Lauren through home visits and the CAF process. She supported Lauren in attending the GP to consider her own health and although no diagnosis was established for Lauren’s hair and weight loss, this did gradually improve. The conclusion of this case was that after several months of support, Lauren was able to manage her children and had a positive relationship with both. Pre and post treatment measures of the parent-infant relationship ad mental health were also evidence of the improvements. The CAF process helped Lauren understand the original concerns and the support that she needed.



Perinatal Mental Health, Hull

- Perinatal depression, anxiety and psychosis together carry a total long-term cost to society of about £8.1 billion for each one-year cohort births in the UK. Nearly three-quarters (72%) of this cost relates to adverse impacts on the child rather than the mother
- Health visitors have a crucial role in being able to pull upon a comprehensive range of professional knowledge, skills and experience
- The Institute of Health Visiting cascaded training for Perinatal Mental Health Champions so they could help train the health visiting workforce on issues around maternal mental health
- Health visitors report that this is helping them better understand the impact of perinatal mental health issues and were better-placed to assess women and their partners
- Service providers in Hull are now supporting health visitors in partnership with Hull University to undertake a mixed method research study in order to inform the evidence base that can then be used to support the development of future PMH services for families.

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Date: 19.07.15

Local Authority: Hull

Background: Recent advances in neurosciences, the importance of early neural development and its interdependence on parental mental health has led to a current drive to ensure that the perinatal mental health (PMH) of all families is a public health priority. The call for sound PMH services has received cross political party support as detailed in the 1001 Critical Days manifesto.

'The Cost of Perinatal Mental Health Problems' report finds that perinatal depression, anxiety and psychosis together carry a total long-term cost to society of about £8.1 billion for each one-year cohort births in the UK. Nearly three-quarters (72%) of this cost relates to adverse impacts on the child rather than the mother. Over a fifth of total costs (£1.7 billion) are borne by the public sector, with the bulk of these falling on the NHS and social services (£1.2 billion). The 'Building Great Britons' report suggests that the wider societal cost of failing to deal with these issues is estimated to be £23billion and that poor parental-child attachment can be passed down from one generation to the next, creating a vicious cycle and damaging environment in which to grow up. The report appraises previous research and concludes that in order to enable socially and emotionally capable children at age 2, local policies need to be based on a commitment to primary prevention; parental mental health should be a key focus and health visitors are well placed to intervene to ensure good PMH health outcomes.

Health visitors have a crucial role in being able to pull upon a comprehensive range of professional knowledge, skills and experience.

A universal health visiting service is critical to achieving good PMH outcomes. We know that poor PMH often stays hidden whilst having a major impact on children's life chances. Without a universal approach, many families suffering with perinatal mental illness (PMI) would undoubtedly go undetected with potentially very serious consequences.

From the point of indication of needs, through the universal service, health visitors work in partnership with parents and carers and many others to lead and deliver the full Healthy Child Programme (HCP) from ante-natal care through to school entry and beyond. PMI rarely occurs as an isolated way and effective interagency working is crucial to improving outcomes related to PMH. Health visitors have a unique and privileged role with families, as support and

relationships are often built up over a number of years. Families engage with their health visitor whilst expecting their first child and continue to receive support until their youngest child enters school.

To ensure that all health visitors are confident and competent in promoting good PMH and early identification, early intervention and proactive management for families affected by PMI, the DH commissioned the Institute of Health Visiting (iHV) to develop PMH training for all health visitors. Since 2013 the iHV has trained over 550 PMH champions. These champions have been supported by the iHV to cascade PMH training to the health visiting workforce across England. Champions have successfully trained in excess of 9,500 public health practitioners and have made a significant contribution to PMH service transformation at a local level. Below are two brief examples of the impact of the iHV Health Visitor PMH Champion Project.

Approach taken: City Health Care Partnership (CHCP) PMH Champions cascaded the iHV PMH training throughout the health visiting workforce, including all student health visitors. The training evaluations evidenced:

- 98% completely agreed that they understood the impact PMH has on the family and society
- 96% completely agreed that they were able to effectively assess women and their partners for the presence of perinatal mental illness
- 98% had a broader understanding of the concepts of perinatal mental health,
- 97% felt they had a good understanding of the dilemmas, diversity and stigma which surrounds mental health
- Over 98% rated the overall training as excellent, with the other 2% scoring it as very good

CHCP Champions engaged with local mental health services and were highly commended at Parliament for developing “Best PMH Services” in the All Party Political Maternity Awards. Evaluating the process and structures that were in place prior to and after training provided evidence of:

- a more integrated PMH pathway
- improved access to PMH services
- Reduced stigma of PMH
- Increased detection rates; antenatal as well as postnatal, for a range of conditions, not just postnatal depression
- Confident workforce – all referrals to PMH services were evaluated as appropriate
- Raised parity of esteem for mental health

Feedback from service users suggested that they found PMH services accessible. CHCP are now supporting health visitors in partnership with Hull University to undertake a mixed method research study in order to inform the evidence base that can then be used to support the development of future PMH services for families.

Case study: “After nine long months of waiting and excitement I got to meet my beautiful baby girl in December. I had always hoped for a calm water birth with as little intervention as possible, but this wasn’t to be. Childbirth left me with unexpected physical problems which I hadn’t prepared for – and this quickly caused enormous emotional distress. I felt traumatised from the whole experience and although I loved my little girl to bits, I was disappointed that my body had let me down and I was struggling to heal.

I’d always expected to be out on nice long walks and skipping around the shops with my new born in her pram within weeks of her arrival. But the reality was that I was left housebound,

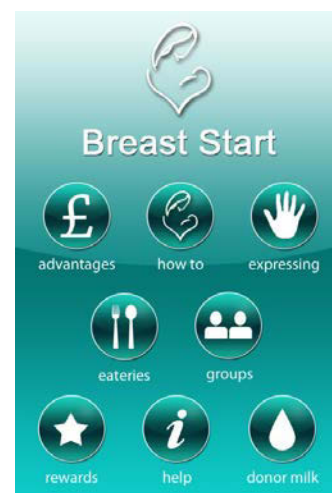
unable to stand or walk for more than a couple of minutes at a time... I felt very isolated and low. I was distressed by what had happened and very soon didn't feel like myself. I was struggling to keep it together, cried every day for hours and started to worry that this was more than a mild case of the 'baby blues'. If it wasn't for the perinatal care and support I received I can't begin to imagine what state I would be in today. My knowledgeable health visitor spotted the signs that things weren't as they should be and quickly recognised that I needed extra support for my mental wellbeing. She organised weekly listening visits which provided an opportunity to talk about my problems and how I was feeling. This time was therapeutic and was also an opportunity to constructively explore other options to help deal with these feelings. Talking really helped and I was provided with much needed reassurance. Knowing that there was help at the end of the phone in between visits was also important. My health visitor arranged for us to do baby massage at home on the sofa as I was unable to get on the floor. It really lifted my mood and gave me a boost as well as helping establish a stronger bond between me and my baby – I realised that she wasn't missing out because of me and the guilty feelings started to subside.

Almost 11 weeks later... thanks to the support I have been given I am finally smiling again. My health visitor has encouraged me to live in the moment and enjoy this precious time with my baby. I've now made it to my first baby group at the Children's Centre thanks to the reassurance I've been given... A few months ago I never thought I'd be able to leave the house again but thanks to the extra support I've received my head is now healing.

New motherhood carries with it an expectation of happiness and before the arrival of my baby I never considered that I'd have a problem with my mental health – I don't think any first time mother does. I was lucky that professionals spotted the signs of a problem early and that I was able to access services...to get back on track before things spiralled out of control”.

Breast Start App, the Wirral

- Wirral had a rate of 31.3% at 6 – 8 weeks for Quarter 3 2010/11. These are amongst the bottom 10 of Primary Care Trusts breastfeeding rates at 6-8 weeks
- Poor initiation rates and the discontinuation of breastfeeding by the tenth day, at which point the HV team become involved in care
- The health visitor-led Launched in late 2012, Breast Start App offers immediately accessible information and support to breastfeeding mothers at a time when they need it, in a friendly, accessible format
- While the increase in breastfeeding at 6-8 weeks is still slow in Wirral, at 6 months rates are now 13% considerably higher than the national average.



Local authority: Wirral Borough Council

In Wirral, there has historically been low take up of breastfeeding.

- Low breastfeeding duration rates: Wirral had a rate of 31.3% at 6 – 8 weeks for Quarter 3 2010/11. These are amongst the bottom 10 of Primary Care Trusts breastfeeding rates at 6-8 weeks.
- Poor initiation rates and the discontinuation of breastfeeding by the tenth day, at which point the HV team become involved in care.
- Lack of contact with the breastfeeding support services by younger mothers and those mothers from less affluent areas.
- Was in the bottom 20 in UK for Breastfeeding Public Health Action Plan a population segregated by health needs.

Health visitors were keen to find a responsive and accurate service that took on the challenge of increasing prevalence and duration of breastfeeding and addressed any service gaps to support this aim.

Young mothers from low income areas were a key audience: while there was well-attended breastfeeding support groups the clients were predominately aged over 25 and from the more affluent areas of the Wirral.

Health visitors reviewed research that showed younger mothers (who are perhaps reluctant to engage face-to-face with services) use Apps daily and are more likely to access the information they need in this format, encouraging continuation of breastfeeding past the tenth day.

While there were other existing breastfeeding Apps they either appeared to be very wordy or only address one need i.e. which breast to feed from next. The aim of developing an App therefore was to provide sufficient information and support to be useful without being unwieldy in the phone format.

Launched in late 2012, Breast Start App offers immediately accessible information and support to breastfeeding mothers at a time when they need it, in a friendly, accessible format.

Outcomes: As a health visitor designed and driven project based on local need, this project underlines the health visitor's vital role in improving outcomes in breastfeeding an area that contributes significantly to the health of both the mother and child in the short and longer term.

While the increase in breastfeeding at 6-8 weeks is still slow in Wirral, at 6 months rates are now 13% considerably higher than the national average.

As the only change in service being introduction of the App, this is a strong example of the value of technology to provide improved outcomes for low investment (currently around £1500 per year for each organisation).

Use of the App reflects this: from an initial 3,000 downloads across the UK and in 26 countries around the world it has grown to 9000 downloads in 29 countries, 90% of downloads are in UK.

App has also been sold to 24 NHS and Local Authority Organisations, generating income for further development and showing that more communities are seeing the value of increasing access through responding to the way user driven live and interact with services.

Feedback from clients has been positive: Consistently in local BFI UNICEF audit the App is cited by women as a resource they use regularly for help and advice, they rely on it and it is a resource that they love.

Staff also feel engaged with the breastfeeding agenda, with access to the most modern tools available. Since the App is designed to reflect the teaching methods used by HVs, the information flow to the client is consistent and clear. HVs now only need to carry a small supply of leaflets with them reducing costs in printing and distribution of leaflets.

Research continues to:

- Emphasise the importance of breast milk as the best nourishment for babies aged up to six months
- Breastfeeding can play an important role in reducing health inequalities
- Breastfeeding has been shown to have benefits for mother and baby including promoting emotional attachment between them.
- Breastfed babies have a reduced risk of respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome.
- Breastfed babies may have better neurological development and be at lower risk of tooth decay and cardiovascular disease in later life.
- Women who breastfeed are at lower risk of breast cancer, ovarian cancer and hip fractures/reduced bone density

Health Visitor Accident and Emergency (A&E) Initiative, Midlands and East

- A project in Midlands and East is aiming to reduce attendances at A&E. The project includes a number of facets including working with NHS 111 to calls associated with issues health visitors have the expertise to address during evenings, weekends and Bank Holidays. This means that at the point of contact, families can be directed away from emergency services to the advice they need to resolve issues or, through expert assessment be referred on
- This initiative has the potential to support all of the high impact outcomes through the provision of out of hours support, reassurance and advice to parents which may include transition to parenthood, maternal mental health, breastfeeding, healthy weight and child development at 2 years
- Once the pilot has been evaluated there will be an opportunity to update the case study with outcome information and parent feedback.

Midlands and East Region

The December 2013¹ Health and Social Care Information Centre (HSCIC) report on A&E highlighted that the highest percentages of visits to A&E are for the very young and elderly. A large percentage of these for children aged 0-5 years can most likely be attributed to minor illness or injury or represent a need for advice and guidance out of hours.

The Midlands and East Region, using the NHS England Service Transformation Bid Funding provided to regions to support innovation, developed an initiative to use the support and expertise of health visitors to reduce the burden A&E and primary care services through a more integrated approach to enabling families to better self-case for minor illnesses.

Integrating the work of health visitors to improve support for A&E departments and GPs has the potential to have a major impact across these services. By reducing the burden on these services already stretched and facing dramatically increasing demands - particularly during times such as Winter – and by decreasing the number of families attending for minor illnesses and accidents, they could avoid or resolve themselves with the expertise help of health visitors A&E and GPs are freed up to focus on where they can make the most impact themselves.

The project includes a number of facets including working with NHS 111 to calls associated with issues health visitors have the expertise to address during evenings, weekends and Bank Holidays. This means that at the point of contact, families can be directed away from emergency services to the advice they need to resolve issues or, through expert assessment be referred on.

The project also includes widening access to services for those that aren't available for health visiting appointments – or visits to Children's Centres and other services – during the week with the introduction of a Sunday clinic.

This project is currently in pilot stage with three of the initiatives of the project (a weekend clinic at a Children's Centre, a telephone helpline in conjunction with NHS 111 and a Sunday clinic) and will be formally evaluated at the end of 10 week.

The services this pilot offers have been widely advertised at GP surgeries, the Children's Centre and supermarkets with this work being linked to a campaign of 'Choose Well' – promoting the idea of choosing the right service at the right time.

Outcomes: So far anecdotal evidence shows these new services are working particularly for those parents who are unable to attend services during the week and therefore would normally be pushed to visit out of hour's services.

While the link to managing minor illness and accidents is clear, this initiative has the potential to support all of the high impact outcomes through the provision of out of hours support, reassurance and advice to parents which may include transition to parenthood, maternal mental health, breastfeeding, healthy weight and child development at 2 years.

It is truly an example of the impact health visitors have as both leaders in public health, as innovators and improving the outcomes for young children and families.

The difference the health visiting service made: Health visitors have used the flexibility within the National Core Service Specification of extended hours to offer a service that supports parents out-of-hours and therefore support other health services in the process.

This showcases not only the innovative thinking of the health visiting service but how health visitors can support not just public health community services but acute and primary care as well encouraging even more joined up, partnership working for the benefit of health professionals, parents and young children alike.

Once the pilot has been evaluated there will be an opportunity to update the case study with outcome information and parent feedback.



Five to Thrive Approach a Workforce Development project, Hertfordshire and South Midlands

- 'Five to Thrive' focuses on some of the key messages coming from neuroscience about optimal brain function resulting from healthy attachment relationships. It describes a sequence of relational activities that build healthy brains in babies and young children and maintain healthy brain function throughout life. It provides a bridge between professional understanding of current research in neuroscience and everyday experience
- This showcases how health visitor leadership can truly transform early years' services and better tackle issues such as deprivation and starvation head on through further training, use of their expanding expertise and focus on working in partnership.

Covering the areas of Hertfordshire, Bedfordshire, Luton, Milton Keynes and Northamptonshire, Hertfordshire and South Midlands Region felt that in order to achieve transformation within Health visiting, there was a need to deliver a programme of skills development that would truly enable practitioners to apply the latest findings from neuroscience so that every assessment and interaction would and can serve as positive intervention – 'making every contact count'.

The Region decided to use the NHS England Service Transformation Bid Funding to rollout training of the 'Five to Thrive' approach.

'Five to Thrive' was developed by Kate Cairns Associates (KCA)¹ as part of a 'My Baby's Brain' initiative across Hertfordshire which began in 2011. This initiative aimed to promote healthy early brain development by delivering universal and consistent messages that support positive parenting.

'Five to Thrive' focuses on some of the key messages coming from neuroscience about optimal brain function resulting from healthy attachment relationships. It describes a sequence of relational activities that build healthy brains in babies and young children and maintain healthy brain function throughout life. It provides a bridge between professional understanding of current research in neuroscience and everyday experience.

For practitioners across the children's workforce, 'Five to Thrive' helps embed systemic relational approaches to work so that they can engage with their service users and each other in new and transformative ways. For the general population, the 'Five to Thrive' approach provides access to important messages about healthy brains through simple messages: Respond, Cuddle, Relax, Play and Talk.

Whilst the introduction of best practice guidance such as the Healthy Child Programme has served to clearly define Health Visiting as a front line service for ensuring healthy attachment and positive parenting, this approach further promotes positive parenting and provides the opportunity to re-appraise what they do and enrich existing interventions.

At the time of writing, training registrations have amounted to 79% of the expected Health Visiting workforce. This demonstrates the appetite for such workforce development across Health Visiting and the potential for supporting effective delivery of the Healthy Child Programme when applied in practice. Learning from this project is also being applied to a wider roll-out across Hertfordshire and South Midlands with an opportunity to develop the initiative further, specifically for the needs of Health Visiting.

Several local authorities have already, or are in the process of, embedding the initiative within their existing local projects.

However, as part of the approach taken to deliver this project, progress has been communicated to all local authorities across Hertfordshire and South Midlands. The aim is to not only engage Local Authorities in supporting the delivery of the HCP, but to encourage a continuation of the 'Five to Thrive' approach following transition, ideally as part of a multiagency approach with other early years services as seen in Hertfordshire and Luton.

The difference the health visiting service made: This is an example of how through the leadership of health visitors, there is greater depth of understanding of how to better work with families and each other and create a gateway to providing deep pedagogy around relational approaches, toxic stress and issues of individual and community resilience.

Pregnancy and the early weeks are a key period during which in which attachment and positive parenting are particularly important. Parents are also at their most receptive to new information and seek support on being the best parents that they can be.

Health visitors are often the main or only professional involvement with the family at this time. The health visitor approach provides a platform for others to build on and reinforce.

This showcases how health visitor leadership can truly transform early years' services and better tackle issues such as deprivation and starvation head on through further training, use of their expanding expertise and focus on working in partnership.

Feedback from those trained in this approach: *"Helping parents to understand child and baby development and how they can enhance this."*

"The introduction to five to thrive presented clear information which will be transferable when explaining brain development to families in practice."

"I will be better equipped to help parents build up a relationship with their babies, become in tune to their physical and emotional needs."

"I will be more confident to discuss baby brain development at visits to clients and give practical ideas This will promote positive parenting and optimal brain development."

"Discussions with antenatal clients regarding parenting and need for nurturing with baby to develop brain connections."

"Emphasis to parents the benefits of parent / child interaction to promote positive outcome for the child and parents."

"Try to foster good relationship with parent to enable them to have good relationship with child."

Outcomes: The Five to Thrive approach has the potential to impact on a wide range of health outcomes, including, Breastfeeding, Maternal Mental health, Infant Mental Health and the child's development at age 2, supporting future resilience and attainment including readiness to learn in a school setting.



Born to Move, Kent



- The 'Born to Move Project' aims to improve rates of crawling at one year old. It's a health visitor led partnership programme in Kent offered to parents and carers of children from birth until the child is one-year old
- Following a successful pilot study a programme of two day Champion training was delivered to Health Visiting and Children Centre staff in each district in Kent
- The first part of the project involved health visitors promoting "awake tummy time" in an innovative way in preparation for crawling during universal health visiting contacts. The health visiting teams were provided with booklets and further literature to enable them to improve the knowledge and awareness of parents and carers through demonstration and information
- A "Born to Move" app has been launched to disseminate the project nationally. The app was piloted by a group of 100 parents and is intended to deliver the information in an accessible format. The app gives advice to parents at every stage of their child's development and can be personalised with the user's own photos
- The project is being rolled out nationally with a significant level of interest from health visiting trusts across the country. This will be achieved using a "train the trainer" method to cascade training to all front line staff delivering universal services in partnership with Childrens' Centres
- 93% of parents were influenced by their health visitor talking about and 94% stated that their baby had started to crawl by the age of one year, compared to a pre- intervention measure of 30%.

Author: Julia Haynes, Fellow of the Institute of Health Visitors, Programme Lead Health Visitor

Local Authority: Kent County Council & Kent Community Health NHS Foundation Trust

Background: Tackling the increase in childhood obesity is a national public health priority. Strategies to address this issue include healthy eating and increased physical activity. The Born to Move Project is a health visitor led partnership programme in Kent offered to parents and carers of children from birth and evaluated when the child is one year old. The project aims to raise awareness and empower parents and carers to understand more about their vital role in their child's development and to increase physical activity with an increased rate of crawling at one year of age. The project also aims to raise awareness of the importance of interaction between parent /carer and child, and daily opportunities for active play from birth, to enable optimal development, physically & emotionally. The project was developed in response to increasing concern about children achieving developmental milestones much later than

previously, and the subsequent impact that this is having on children's developmental readiness for formal learning at school.

Improving the wider determinants of health: Health visitors are in a unique position as their universal service offer enables them to reach all families, including those considered as disadvantaged and "hard to reach" - for example young parents, all ethnic minority groups and travelling communities. Rates of obesity and poor levels of "school readiness" are increased amongst disadvantaged populations and patterns of behaviour are more difficult to change as children become older. By targeting all parents of children from birth, the Born to Move Project provides an accessible way for all parents to hear public health messages to adopt healthy physical activity behaviours. The Born to Move project also provides an example of integrated working with engagement with other key stakeholders including Early Years providers and Children centre staff at multi-agency workshops.

The Born to Move Project primarily addresses **High Impact Area 4 "Healthy Weight, healthy nutrition- to include physical activity"**. Born to Move also contributes to a number of other important priorities:

- **Transition to Parenthood** - Increasing parent and carer participation and awareness of their vital role in helping children to achieve improved self-esteem, ability for social interaction and development of problem solving and resilience.
- **Health, wellbeing and development of child age 2 and support to be 'ready for school'** - The Born to Move project increases parental awareness of child development and increased opportunities for play activities needed to achieve Public Health England's aim of "Ready to learn at two; Ready for school at five". The project also provides an additional opportunity to promote the two year free nursery offer which is currently struggling nationally to reach as many "hard to reach" families as hoped. Increasing school readiness will increase children's resilience and confidence to tackle challenges in life and increase the number of children developmentally ready for formal learning at school entry which is central to success at school and reducing poor outcomes for disadvantaged children.
- **Safeguarding**- Reducing safeguarding is considered an important thread that runs through the delivery of the entire health visiting service offer. The Born to Move project aims to make play, physical activity and interaction between parents and their children a fun and normal part of life for all parents and children. Healthy parent-child relationships form the foundation of secure attachment and attuned parenting, which are considered important factors in improving emotional wellbeing in adult life and reducing mental health problems and costly safeguarding interventions needed when attuned parenting and attachment are significantly disrupted.

Challenges:

- The delivery of an important public health message to increase physical activity requires a "strengths based" approach, that avoids blame and captures the attention of parents in an innovative, empowering, and evidence based way. The successful delivery of this project requires "buy in" from all stakeholders and commissioners to support its delivery. Short term financial and partnership costs can be offset by a commitment to the long term cost effectiveness and benefits of reducing obesity and increasing physical activity, which are widely recognised and documented in the Chief Medical Officers report on obesity.

Approach taken

- Following a successful pilot study a programme of two day Champion training was delivered to Health Visiting and Children Centre staff in each district in Kent. A collaborative team working approach was used to rekindle the passion in health visiting and early years staff about the massive difference that these professional groups can make to improved outcomes for children through the delivery of an innovative and focussed approach to increase active play.
- The first part of the project involved health visitors promoting “awake tummy time” in an innovative way in preparation for crawling during universal health visiting contacts. The health visiting teams were provided with booklets and further literature to enable them to improve the knowledge and awareness of parents and carers through demonstration and information.
- A “Born to Move” app has been launched to disseminate the project nationally. The app was piloted by a group of 100 parents and is intended to deliver the information in an accessible format. The app gives advice to parents at every stage of their child’s development and can be personalised with the user’s own photos.
- The project is being rolled out nationally with a significant level of interest from health visiting trusts across the country. This will be achieved using a “train the trainer” method to cascade training to all front line staff delivering universal services in partnership with Childrens’ Centres.

Outcomes:

A range of positive results have come out of the project following a successful pilot study to 1500 babies in the first year.

- The Born to move audit of over 500 parents in January 2015 was collated using an i-pad questionnaire at one year. The findings identified that:
 1. 91% of parents remembered the health visiting team talking about the importance of “tummy time”;
 2. 93% parents were influenced by the advice given;
 3. 94% stated that their baby had started to crawl by the age of one year, compared to a pre- intervention measure of 30%;
 4. 80% of parents remembered the health visiting team member discussing the benefits of talking to their baby.
- The launch of the Born to Move app has been a huge success with 1,500 downloads in first month and increasing interest from health visiting teams nationally.
- The Born to Move project has reached every new family across an area with 1500 new births a year with a consistent message given by health visiting teams at every universal contact. This keeps costs to a minimum. The key messages are reinforced by Children Centre and Early Years staff demonstrating that universal provision and integrated working improves outcomes for all children.
- The Born to Move training has raised awareness of the importance of interactive play for children under one amongst Early Years staff. For example, one crèche worker reported that she worked in the baby room because babies were “easy” and “just sat there”. At the end of the workshop she said, “I wish I had known this before, I’ve realised that what I do is really important”.

Managing minor illness, reducing hospital attendance and admissions, Heywood, Middleton and Rochdale

- Information was collected about occurrences of four minor ailments in Rochdale. Analysis of this local data showed that families registered with Rochdale East GP practices have a high percentage of children aged 0-4 years attending the emergency departments. The data then allowed early years staff to invite families with high occurrence to sessions organised by health visitors and children's centre staff
- They offered free awareness sessions of education and support to parents and carers to improve their skills and knowledge to care for their child with minor ailments at home. The team plans to roll this training out further.

Early Years High Impact Area 5 – Managing minor illness and reducing accidents (reducing hospital attendance/admissions)

Authors – Luisa Newton, Rachael Chew, Alison Butterworth, Nicola Tipping, Cheryl Jowett, Alex Laidler

Local Authority – Rochdale

Background: The Early Years High Impact Area 5 has been developed to describe the role that Health visitors have in supporting parents in the management of childhood minor illnesses and reducing the number of hospital attendances and admissions. In 2013/2014 in England, there were 4.8 million attendances at A&E for children aged 0-19; of these 11.5% were admitted into hospital. For the same time period, there were 3.6 million attendances for people over the age of 65, of these 46.4% were admitted into hospital. These findings suggest that many of these A & E attendances for children could be avoided by enabling more appropriate care and management in the primary care setting and improved parental confidence in managing minor illnesses using community pharmacies, basic first aid and symptom control.

HMR Community has developed their health visiting service to address this. A paediatric self-care CQUIN was commenced with the aim of reducing emergency department attendances for 0-4 year olds. They offered free awareness sessions of education and support to parents and carers to improve their skills and knowledge to care for their child with minor ailments at home.

Analysis of local data showed that families registered with Rochdale East GP practices have a high percentage of children aged 0-4 years attending the emergency departments. Children's Community Nursing Teams (CCNT) and GPs formed an action plan to facilitate a multiagency approach to support paediatric self-care within a specific locality to reduce hospital attendance.

An audit of A& E notifications to Health Visiting teams was undertaken to identify the age and reasons pre-school children attended A and E in that specific area.

Health visitors support preventative programmes through their universal offer and 'open access well baby clinics' in regards to minor ailments. A more specific and structured approach to this was deemed necessary.

Approach taken: As health visitors have universal provision for pre-school children and their families, and have excellent links with the GPs, children centres and receive A&E attendance

notifications, they are in a key position to offer a multi-agency approach to support paediatric self-care advice and support. Through their knowledge of the local community, their positive partnership working with the local children centres, venues were able to be organised to facilitate this project.

Information was collated and reviewed by health visitors regarding four topics of minor ailments namely:

- Rashes
- Gastroenteritis
- Pyrexia
- Respiratory conditions

The information was presented to parents via a power point presentation to support parental confidence on prevention, self-management and when to seek medical advice through an empowerment approach (Marmot 2010, HMGov 2010). Sessions were organised within five local children centres and a local primary school.

Using A&E admission information, HVs, GPs and CCNT invited high attenders to the sessions. Posters were placed in the children centres, GP surgeries and health clinics to promote the sessions to parents/carers. Children's centre staff also promoted the sessions to families attending their sessions. The health visiting bi-lingual support workers were also present to enable the information to be communicated more effectively and improve accessibility for families with English as a second language as required.

The two-hour sessions, organised by health visitors and children's community nurses, cover conditions that are most likely to cause worry for parents and lead them to take their child to A&E, an urgent care centre, or a GP, unnecessarily. This includes high temperatures, gastroenteritis, breathing problems and rashes. Those attending the drop-in sessions are given advice from nursing staff about when a trip to A&E may be necessary and when visiting a GP or pharmacist, or caring for the child at home, may be more appropriate.

Parents can bring their children along to play while they attend the sessions. The initiative was launched in October 2014 and GPs can recommend the courses to parents who frequently attend urgent care or A&E with their children, or who might otherwise benefit from the support.

Feedback from service users: A grandparent attended a session at Heybrook Children's Centre with her two-and-a-half-year-old granddaughter and said she would encourage parents, grandparents and carers to attend. She said: "I have knowledge of first aid and experience with my own children but I think it's a good refresher to make sure you're confident about what to do. More and more grandparents are looking after grandchildren and sometimes you panic when it's not your child, so sessions like this are useful as a guide."

Alison Butterworth, Pennine Care's Service Lead for the Community Paediatrics Service, said the informal sessions were a good opportunity for parents and carers to allay their fears about common conditions. She said: "Having an ill child can be a difficult and scary experience for parents and we understand that a knee-jerk reaction can be to take their child to A&E. By giving parents free advice we can help them to know how to manage conditions at home and when and where to go to get treatment if needed."

Lessons learned: The formal powerpoint presentations were replaced by a more informal presentation of the information. One of the new ways of working included a health event with a multiagency approach utilising a range of professionals including the setting up of stalls. This

proved to be a positive approach to enable the delivery of information to parents and carers with much interaction.

The future plan is to roll out this partnership working across all localities, utilising a variety of venues in direct support with the CCNT and school health teams which would also support school readiness. Further discussions are to utilise health visitors with V300 qualifications and review the requirement to roll out a universal provision of healthy start vitamins through the health visiting service. To enable the positive contribution of the pilot and its impact on the reduction of children accessing A&E provision a borough wide approach and prolonged period of time is required.



School readiness, Hampshire

- A focus on prevention and early intervention to improve school readiness aims to reduce the costs in life chances for individuals and the economic costs to society associated with these issues
- In 2014, Hayling Island and Warblington Local Children’s Partnership identified poor school readiness as a local issue. One of the infant schools within the partnership reported having had 6 children arriving in nappies on their first day in reception class
- A multi-disciplinary “school readiness” project group was established with representatives from school nursing, health visiting, nursery nurses, school SENCOs, head teachers, parent support advisor, pre-school SENCO and children’s centre support workers
- The team set a range of measures in place – including 1:1 training for parents, school readiness workshops, training for early years staff
- The work has had an impact across a range of settings, for example a 4 ½ year old girl presented at Health visiting Child Health Clinic accompanied by her grandmother following recommendation by her pre-school setting for support from the “school readiness project” to address her behavioural issues. It was reported that she became violent and angry, kicking and hitting her parents and she was a poor sleeper. During a home assessment, the first visit the family were able to develop a plan including changing the girl’s diet, introducing a sleep programme and behaviour management tools as recommended by the Solihull approach. The grandparents reported that they felt the girl’s behaviour had greatly improved as had their parenting skills.

Author: Zena May (Health Visitor)

Local Authority: Southern Health NHS Foundation Trust, Hampshire County Council area

Background: There are strong associations between a child’s social background and their “readiness for school”. Disadvantage starts early and the gap between those children who are achieving and those who are not widens in the first few years of life. Three common areas of developmental delay identified at school by the Department for Education (2014) are social and emotional development, physical development and communication. Children from disadvantaged backgrounds are more likely to achieve less educationally, earn less when they start in employment or have an increased rate of unemployment. Poor educational attainment is also associated with a number of poor long term health outcomes including increased rates of obesity, fewer disability-free life years and reduced life expectancy. A focus on prevention and early intervention to improve school readiness aims to reduce the costs in life chances for individuals and the economic costs to society associated with these issues.

The term “school readiness” lacks a clear definition and is interpreted in different ways by different providers nationally. School readiness is defined by The Professional Association for Childcare and Early Years [PACEY] (2013) as:

- Physical wellbeing and motor development, including; health status, growth and disability
- Social and emotional development, including; turn-taking, cooperation, empathy and the ability to express one’s own emotions
- Approaches to learning including enthusiasm, curiosity, temperament, culture and value

- Language development, including listening, speaking and vocabulary, as well as literacy skills, including print awareness, story sense, and writing and drawing processes
- General knowledge and cognition, including sound-letter association, spatial relations, and number concepts.

Challenge: In 2014, Hayling Island and Warblington Local Children’s Partnership identified poor school readiness as a local issue. One of the infant schools within the partnership reported having had 6 children arriving in nappies on their first day in reception class. Toileting issues were identified as a presenting symptom of wider difficulties in school readiness, including unidentified developmental delay.

Approach taken: A multi-disciplinary “school readiness” project group was established with representatives from school nursing, health visiting, nursery nurses, school SENCOs, head teachers, parent support advisor, pre-school SENCO and children’s centre support workers. The plan to improve school readiness includes a universal service offer and a more intensive universal plus and partnership plus level of provision targeted at those children identified with the greatest need. Universal provision at the two year health review, which now forms part of the integrated two year review, enables early identification of those children who are not developing as expected and an ideal opportunity to present key public health messages to all parents. It is widely recognised that health needs change over time and universal health reviews by health visitors are a non- stigmatising method of identifying these changes and children in need of early intervention. The Hampshire school readiness project also provides an example of integrated working with engagement with other key stakeholders including Early Years providers and Children centre staff.

The Hampshire school readiness project primarily addresses **High Impact Area 6** which includes support to be ready for school and is delivered in the following ways:

- Universal HV service – The 2-2 ½ year developmental assessment now includes school readiness as a core component. Parents are encouraged to engage in their child’s two year developmental review using the Ages and Stages (ASQ-3) assessment. The results are placed into the Parent held record and parent/ carers are advised to share this with their child’s early Years setting. Liaison between the health visitor and the Early Years setting ensures that appropriate support is put in place to address any areas where the child is not developing as expected.
- A “school readiness” referral form and pathway was developed for parents and early years settings to refer to the health visiting team when issues with toileting, nutrition, behaviour and sleep were identified.
- Interventions provided by the health visiting team include:
 - School readiness workshops for parents developed and delivered by the Community Nursery Nurses/ HV team.
 - 1:1 appointments with a member of the health visiting team. Individualised care plans are devised with parents using a strengths based approach to support behaviour change and improve development.
 - A “school readiness” training package for Early years settings was developed which includes information on the skills required for school readiness and how they can support this, identify issues and refer for additional support. Improved health visiting links with Early years settings have also been enhanced by multi agency engagement in the “Birth to Three” networks and termly meetings with the Early Years SENCO.

- An audit has been developed to review types of issue and referrals, interventions offered and outcomes.
- A “Top-Tips” for parents and carers leaflet was developed based on pre-school assessment criteria in consultation with parents, and a “Healthy children are ready to learn” leaflet provides consistent information.
- The School Nursing Service participate in New Parent talks at infant/ primary schools.

Impact case studies: In 2014 Hayling Island and Warblington LCP identified school readiness as an issue. One of the infant schools within the partnership reported having had 6 children arriving in nappies on their first day in reception class. These children were referred with consent from their parents to the “school readiness project”. Post intervention evaluations showed that 5 out of 6 children were able to stay dry at school and were not wearing nappies after a couple of weeks, ongoing support was provided when continence was not achieved.

- A 4 year old boy was referred to the health visiting service via pre-school following concerns that he had very disturbed sleeping pattern which was affecting his behaviour and ability to concentrate. The referral was reviewed and due to additional ongoing safeguarding issues the plan was for 1:1 assessment and support in partnership between the health visitor and the Community Nursery Nurse. At the initial visit a sleep assessment was completed and a sleep diary identified areas of concern. In partnership with the boy’s carers a care plan was developed. Three further visits were undertaken and by the final visit the boy was settled well and sleeping 10-11hours per night without waking. Pre-school and carers reported that he appeared a happy boy, he was listening and following instruction better. The care plan was closed as the goals had been achieved.
- A 4 ½ year old girl presented at Health visiting Child Health Clinic accompanied by her grandmother following recommendation by her pre-school setting for support from the “school readiness project” to address her behavioural issues. It was reported that she became violent and angry, kicking and hitting her parents and she was a poor sleeper. A home assessment was completed which identified issues around diet, drinking coffee, parental expectations and boundaries. During the first visit the family were able to develop a plan including changing the girl’s diet, introducing a sleep programme and behaviour management tools as recommended by the Solihull approach. A follow-up review appointment was made two weeks later. The grandparents reported that they felt the girl’s behaviour had greatly improved as had their parenting skills. Since this intervention it has been reported that the girl has had several successful transition visits to school and there have been no incidents or concerns identified.
- The father of a four year old boy made a self-referral to the health visiting “school readiness” project. He reported that his son was refusing to sit on the toilet and was still wearing pull up nappies during the day and at night. The family were invited to the next “readiness of school” workshop focusing on toilet training and they also received some “first steps” advice to put pants under the pull-up or even have him just in pants as part of the one to one session before the workshop. The workshop included practical tips on managing toilet refusal, the importance of hydration and guidance on achieving a positive, non- judgemental approach. Follow-up took place by telephone contact three weeks later by which time dad reported that his son had started successfully using the potty. Dad was given further advice about reinforcing successful actions and offered further support if needed.

Incredible Years, Bolton



- Around 40% of children in Greater Manchester are assessed in reception class each year as not being ready for school
- A new delivery model was created so that all partners including health visitors, early years providers and education had a shared outcome framework with common assessment points for an integrated assessment at key points. The model consists of tools that can be used to assess development at eight different stages, and group work with other parents to help build confidence
- This has succeeded in empowering parents
- One family who went through the programme had their case removed from social care and are reporting that the children are making good progress and the parents are growing in confidence.

Author: Wendy Pearson (Health Visitor & Incredible Years Facilitator) Laura Barton (Health Visitor)

Workplace: Royal Bolton NHS Foundation Trust

Background

The quality of parenting that a child receives is a key influence on future success and positive outcomes. Attuned and responsive parenting is associated with secure attachment. Unresponsive, punitive, erratic or intrusive parenting is associated with avoidant and anxious attachment. The most concerning parenting practices are abusive and neglectful and the caregiver is perceived by the child as frightened or frightening and often lead to a disorganised attachment which has the strongest association with poor outcomes for children. Outcomes associated with poor parenting and disadvantage include behavioural difficulties, poor educational attainment, lower paid employment as school leavers, increased preventable health problems, poor mental health in adulthood, fewer disability free life years and shorter life expectancy. The effects are long lasting and costly for children, their families and society. A range of factors may compromise a parent's ability to provide attuned and responsive parenting; these include parental mental health problems (eg anxiety and depression), social isolation, domestic violence, substance dependency, poor experiences of being parented themselves and poverty.

Parents have the most critical role in children's social and emotional wellbeing. Positive discipline and supervision, and the avoidance of coercive cycles of interaction, have a key role to play in children's emotional and behavioural adjustment. A range of parenting support programmes have been developed to support parents to provide positive parenting during the first five years of a child's life. The Incredible Years Programmes are recognised by NICE as a "gold standard"

intervention with evidence of improved outcomes for children as detailed in the Rapid Review of the Healthy Child Programme REF.

Approach taken:

It was identified that 40% of children in Greater Manchester are assessed in reception class each year as not being ready for school. These children are less likely to reach their full potential at school and therefore less likely to be economically active and productive.

A new delivery model was created so that all partners including health visitors, early years providers and education had a shared outcome framework with common assessment points for an integrated assessment at key points (AGMA 2013).

The model consists of 8 assessment points using evidenced based assessment tools such as Ages and Stages (ASQ 3 and ASQ-SE), Newborn Behavioural Observation (NBO), Edinburgh Postnatal Depression Score (EPDS), Home Learning Index, Early Help and WELLCOMM REFs. These tools are used by health visitors as part of the universal health visiting service to all families. Universal provision ensures an equitable service and identifies families reaching thresholds for intervention or having multiple risk factors as early as possible. Families identified with additional needs are then supported to access appropriate evidenced based targeted intervention within the Social, Emotional and Behavioural pathway, or the Communication and Language Pathway. The targeted interventions within the pathways are Incredible Years Basic, Incredible Years Baby, and Parent Child interaction Groups.

Working with the whole family, in collaboration with other services, using a shared outcome framework has not only provided a common language across providers but also helps to collectively reduce dependency and empower parents.

Incredible Years (IY)

- Referrals to the specialist HV led 'Incredible Years' (IY) services are received from health and social care. The specialist health visitor meets the parent in advance of the programme to discuss how the group will run. Parents are able to ask questions and this helps to allay any fears. Parents need to be ready to engage in the programme and this may need to be delayed for parents experiencing crisis or upheaval in their lives as they may not be in a position to benefit fully and need other support before they will be ready. The Eyberg Child Behaviour Inventory is used to assess the level of problem behaviours within the family unit. Upon completion of the course, the Eyberg is repeated again after a period of 3 months to assess the parent's progress and to review how they have managed their children's behaviour since they completed the course
- The IY programme is manualised and includes a number of core elements. The topics covered form a progressive model which helps parents understand the key principles of helping their child manage his or her behaviour and fulfil his or her potential. The way the programme is delivered via discussion, reading, video clips, role play and home practice is an effective means to cater for a variety of learning styles and offers a number of opportunities to understand key messages.
- The group dynamics which emerge from the IY programme help parents to reflect on their behaviour and enables change to follow. Sharing experiences with others who are having similar problems can be reassuring and supportive.
- A key principle of this programme is modelling. This is one of the main ways that both children and adults learn. The importance of nurturing parents by offering appropriate venues, refreshments and crèche facilities cannot be underestimated. Just as important is the attitude of group leaders. A non-expert, supportive style is a cornerstone of the programme. Parents are not judged; they are encouraged to feel accepted for who they

are. This is not the same as collusion. Parents are gently challenged with a Socratic questioning style: 'What is the risk of you doing that?' 'What has your child learnt from your management of his behaviour?'

- Parents are given the chance to think through solutions for themselves and start to consider how their behaviours impact on family functioning.
- The Incredible Years programme needs commitment, expertise, supervision, organisation and fidelity to make it work. It needs to be fully funded and properly managed in relation to referral systems, organising venues and crèches, providing materials and ensuring the necessary time for staff to deliver the programme effectively

Case Study (All names fictional)

Kate and Paul have 3 children - Emma, Tom and Jack, aged between 2-5 years. The children were subject to child protection plans under the category of neglect. Tom and Jack were under the care of paediatricians and speech and language therapists due to significant developmental delay. There had been no physiological explanation for the cause of their delay. The family home was lacking routine, stimulation, emotional warmth, guidance and boundaries. There were also issues around hygiene. Despite the family working with professionals over a 17 month period, there had been very little improvement. Kate and Paul were finding their children's challenging behaviour extremely difficult to manage. Following multi-agency assessments, including ASQ SE, it was identified that a referral to Incredible Years was necessary. ASQ SE scores completed by the named HV identified concerns with Tom and Jack's social and emotional development, which scored over the threshold indicating a need for further intervention.

A joint home visit was arranged between IY HV facilitator and the family HV. After the programme was explained to them, Kate and Paul completed the EYBERG Child Behaviour Inventory and Parent Stress Index Short Form (PSI). EYBERG intensity score was 115, EYBERG problem score was 9. The PSI score was 35. These were clinically significant scores.

Kate and Paul commenced the programme and were initially hesitant to contribute to group discussions, however home tasks were completed by them every week which suggested that they were absorbing the information and putting it into practice at home. Kate and Paul started to notice a change in their children's behaviour. As the weeks progressed, it was obvious that their confidence was growing and they started to contribute to group discussions, sharing their experiences as parents. The IY HV kept in regular contact with the family HV throughout the course, to inform her of the progress the parents were making and to contribute to multi-agency meetings.

Upon completion of the course, the IY HV and the family HV undertook a home visit to review the family's progress. They listened to the parents' feedback on how they had benefitted from the course, but more importantly how their new knowledge had made such a difference to their children's social and emotional development, and was continuing to do so 3 months on from completing the course. ASQ SE assessments were completed again and the scores for Tom and Jack were below the threshold for concern. When the scores were shared with the parents, Kate stated:

'It's amazing, I feel absolutely fantastic. Tom's smiling, talking, plays with his brother and sister. It was worrying where he was a year ago in comparison to now.'

The EYBERG was also repeated and these scores also highlighted a great improvement in comparison to the pre-course scores. The intensity score was 53, with 0 problems! By undertaking this joint visit, the scores were shared with the family HV and the parents to further evidence the progress the family had made.

Kate and Paul were interviewed at the end of course on their thoughts and feelings. Kate said *“I’d say if you’ve got low self-esteem or you are depressed, get on the Incredible Years Course, it benefits you and the kids, and you’ll see a great improvement from your kids”*

Paul said: *“Everybody has been so supportive, giving ideas and suggestions on things like bedtime routines and stuff like that, you know like how they do things, what is effective for them, what isn’t, it’s been brilliant.”*

The family’s case has now been closed to Social care children’s services and they remain part of the Universal plus HV service on the Healthy Child Programme. The children continue to make good progress. Paul’s confidence and self-esteem grew throughout the course which helped him to become an active member of the community. This included joining the Advisory Board for the Children’s centre and attending the Dad’s group. Paul and Kate are now 7 months on from graduating from the course. Paul has now engaged in an access to work programme with a view to gaining paid employment at the end of the 8 week period.

Health Visitor Minor Ailment Scheme, Nottingham

- The trust and the local commissioners identified an increasing number of children under the age of 5 years attending A&E and the local Walk in Centre
- Many of these could be assessed and treated within a minor ailment setting
- The Health Visitor Minor Ailment pilot has been set up to increase access to minor ailment services within a local community setting
- The objectives are to improve the health, wellbeing of children, empower parents and families to manage minor ailments with self-care where appropriate and reduce A&E attendances by this population
- The minor ailment clinic pilot was targeted at providing a community based clinic, within an area where it was demonstrated that parents find it difficult to access health services
- The clinic began mid May 2015 and has been held on a Monday morning at 10.30am to 12-30pm. This time was chosen because families sometimes have difficulty getting a GP appointment on a Monday as anecdotally it is one of their busiest times and parents may decide to go to ED as an alternative
- Both of the GP practices in the area are aware of the pilot and have been referring patients to the clinic if appointments with themselves have not been available
- So far 16 children have accessed the clinic, all have been assessed and treated by the Health Visitor with only 2 needing to be referred on for further medical care
- The health visitors within the clinic are able to give advice to promote health and prevent illness, signpost families to other support services within the area, and where appropriate, referrals to other services are offered.

Nottingham CityCare Partnership

Authors: Catherine Shiels, Integrated service manager for children and families and Tonya Dring HV, NIP

Background: Nottingham is the 20th most deprived city in England, with the health of the people of Nottingham being noted to be worse than the average within England (PHE 2015). This links to findings that 'patients in the poorest areas find it more difficult to see a GP than those in the richest areas, and they are also 53% more likely to attend accident and emergency' (HSJ 2011). Nationally 22% of A&E attendances are by children under the age of 16 years. A 25% reduction in this could result in cost savings of around £179 million across the country (HSJ 2014). Reducing this and providing a rapid community based response to minor ailments would not only impact on the financial and service demands being placed on GPs and A&E, but would also directly reduce parents needing to take time off work and the individual suffering experienced by an unwell child.

Challenge: Last winter (2014/2015) the paediatric A&E service identified that it had dealt with a higher number of unwell children than ever before. The trust and the local commissioners identified an increasing number of children under the age of 5 years attending A&E and the local Walk in Centre. Many of these could be assessed and treated within a minor ailment setting. It was recognised that the health visitors within Nottingham City who currently incorporate the 4,5,6 Health Visitor model within their progressive universal offer (Healthy Child

Programme 2009, DH 2011), could develop the necessary skill set to provide an evidence based minor ailments clinic which utilised their non-medical prescribing qualifications (V100) supported by qualified health visitors with the V300 qualification for independent prescribing. This reflects the The DH (2014) Early Years High Impact Area 5 which states:

'Health visitors are a trusted source of knowledge, advice and information for parents and are often the first point of contact for parents who are unsure on the best course of action when their child is unwell. As such they play an important role in the primary care team and can help to reduce the burden on busy GP surgeries and A&E departments.'

Approach taken: The Health Visitor Minor Ailment pilot has been set up to increase access to minor ailment services within a local community setting. The objectives are to improve the health, wellbeing of children, empower parents and families to manage minor ailments with self-care where appropriate and reduce A&E attendances by this population. Through the clinic, the holistic assessment skills of the health visitors are being used to meet not just diagnostic and treatment needs, but are also able to ensure a preventative approach is used to empower carers/parents to reduce illness and accidents within their families which is aligned to The Healthy Child Programme requirements (2009) of aiming for families to achieve their optimal health and wellbeing (p8).

The minor ailment clinic pilot was targeted at providing a community based clinic, within an area where it was demonstrated that parents find it difficult to access health services, especially where GP practices are closed for training or transport links are reduced. By offering the clinic in a GP practice which is central and accessible to the local community both links with GP's could be developed and patients would be able to access with ease.

The clinic began mid May 2015 and has been held on a Monday morning at 10.30am to 12-30pm. This time was chosen because families sometimes have difficulty getting a GP appointment on a Monday as anecdotally it is one of their busiest times and parents may decide to go to ED as an alternative. Both of the GP practices in the area are aware of the pilot and have been referring patients to the clinic if appointments with themselves have not been available. The mid-morning time slot allows families plenty of time to get to the clinic after calling the GP or doing the school run. For clinical safety reasons the pilot is held in a medical centre rather than a children's centre as there are GPs on site if there was a situation where a child was very unwell and the Health Visitor needed assistance to treat. , There is access to oxygen and to a defibrillator however as yet this has not been necessary and it may be on audit that this is unlikely and so alternative locations may be viable.

The clinic is aimed at children 0-5 years and the majority of children seen have been in the 0-1 age group. Information about the clinic is distributed by on their visits which are mainly to the under ones, however to address this discrepancy information is being sent out to all families on the Health Visitors caseloads which should help to raise awareness amongst families with children 1-5 years

Impact of the health visitor contribution: During the time the clinic has been running the Health visitor has seen a range of minor ailments which have included, fever, rashes, urine infections, ear infections and eczema along with feeding problems and injuries. So far 16 children have accessed the clinic, all have been assessed and treated by the Health Visitor with only 2 needing to be referred on for further medical care. The health visitors within the clinic are able to give advice to promote health and prevent illness, signpost families to other support services within the area, and where appropriate, referrals to other services are offered. Many of the children had viral illness and did not need prescribed treatment, these families were given health and wellbeing advice. Families identified as requiring support from services such as the

children centre have been signposted and those needing GP time have been advised to do so. There have been no children needing ED referral or emergency intervention however there have been 2 children referred on to the GP, one was a premature baby with a fever and not feeding who needed a paediatric review and the other had a fever of unknown origin in which they were asked to catch a urine sample and an appointment was made with their own GP to review later in the day. Patients have all been treated following local and national guidance, including the NICE/CKS guidance, local antimicrobial guidelines and Nottinghamshire emollient formulary.

Parents have fed back that having access to a drop in clinic with a Health Visitor who can provide minor ailment treatment is welcomed and that they would use the service again and recommend it to family and friends. The team is exploring ways to increase the number of parents completing feedback forms

There are strong links between the Nottingham Walk in Centre and Health Visiting which has allowed the development of this service. A training programme is in progress to enable health visitors to develop their clinical skills and knowledge of minor ailments in the 0-5 year age group. The training comprises theoretical training alongside practical experience and the support of a mentor. The health visitors are able to work with nurse practitioners until they are confident and competent to run their own clinics.

Preliminary results: Following the pilot, a review of the outcomes will be evaluated including the impact of A&E attendances and parent/carer evaluation of the service. It is very early in the pilot, however review of the records of the children seen to date indicates that all of the children have been assessed, treated and given health care advice by a Health visitor with these extended skills. None of the patients needed to be seen in ED and they all lived within the pilot area where A&E attendance rates are generally high.

Other outcome areas which may have future significance are

- The rapid access to minor ailment treatment which may impact on wider outcomes such as parents needing to take time off work to look after sick children
- The increased opportunities for preventative intervention and its impact on illness and incidence of accidents and unintentional injuries levels
- The skill set of health visitors to 'think family' and provide a framework of early intervention.

Future recommendations: The next steps are to roll clinics out to three other areas within the city to ensure equitability of access. This will require the Health Visitors from those areas to extend their skills in the same way with rotation through the walk in centre and a full training package.

Health visitors will then have the knowledge and skills to see and treat families within their own homes who have minor ailments. Health visitors already access children at home and this extended home visiting would be the perfect opportunity to give children medical care or advice rather than referring to other health care providers such as GP's or ED who are struggling with demand.

As demonstrated by this small pilot, many children who present for minor ailments do not require a prescription, with timely and clinically robust education and reassurance parents are empowered to manage the situation A Health Visitor with enhanced skills is in the prime position

to be able to offer timely and clinically sound education and reassurance to empower parents to manage their child's illness confidently. Health Visitors are already trusted by families and have a wealth of knowledge about the 0-5 age group and by developing their knowledge and skills to recognise and treat the acutely unwell child the Health Visitor remains an essential and indispensable member of the primary care team.

Reducing Unintentional Injury in Hampshire's Under-5s

- Currently, in Hampshire, approximately 26,500 children under the age of 5 years are seen in Accident and Emergency departments annually; of these approximately 2,250 are admitted with an unintentional injury
- Hampshire's unintentional injury rates are above the national average for falls, poisonings and burns and close to the national average for choking, suffocation and drowning
- The 'Reducing Unintentional Injuries in Hampshire's Under-5s' project was conceived to train health visitors to affect real change in the incidence of unintentional injury through engagement with parents, education, support and integrated working
- This project was supported by transformation of services funding from our commissioners
- Phase one of the project was to identify and train Health Visitor Champions to support the teams with education and the practical applications, including integrated working, following their training
- Phase two was to train all the skill mix staff in the teams to be able to engage parents in accident prevention and in basic first aid advice for choking, burns, cuts and abrasions and minor head injuries
- Phase three of the project is to train all the Health Visitors in accident prevention using the newly developed iHV training package to support the most vulnerable families
- Since the completion of phase one and phase two of the project, Health Visitors have been supporting their skill mix staff in engaging parents in accident prevention in a number of different ways
- Our project has shown that Health Visitors are ideally placed to affect real change through education, integrated working and the unique service that they provide to all families.

Authors: Amanda Whelan, Professional and Practice Lead for Health Visiting, Southern Health NHS Foundation Trust, Fellow of the Institute of Health Visiting. Ginny Taylor, Operational Services Lead, Southern Health NHS Foundation Trust

Date: 1st August 2015

Local Authority: Hampshire County Council

Background: The Department of Health's Early Years Six High Impact Areas include, as key public health priorities, the reduction of unintentional injury and the reduction of hospital admissions in the under-5s. Currently, in Hampshire, approximately 26,500 children under the age of 5 years are seen in Accident and Emergency departments annually; of these approximately 2,250 are admitted with an unintentional injury. Hampshire's unintentional injury rates are above the national average for falls, poisonings and burns and close to the national average for choking, suffocation and drowning. These statistics are sadly not unique to Hampshire, but are repeated across the country. In response, Public Health England (PHE) in 2014 issued guidance on priorities for local authorities and their partners for reducing unintentional injuries in the under-5s. This document made three key recommendations;

- Providing leadership and mobilising existing services prevents injuries

- The early years' workforce needs support and training to strengthen its central role in helping reduce unintentional injuries
- That the focus should be on five kinds of unintentional injury in the under-5s; choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning.

The report identified the unique and valuable role Health Visitors have to play in reducing unintentional injury. The report, supported by recommendations from NICE, calls for Health Visitors to be trained to lead on the delivery of programmes of prevention within their teams and with colleagues from Children's Centres and Early Years settings to support and educate parents in a bid to reduce unintentional injury. It is this context that the 'Reducing Unintentional Injuries in Hampshire's Under-5s' project was conceived to train staff to affect real change in the incidence of unintentional injury through engagement with parents, education, support and integrated working. This project was supported by transformation of services funding from our commissioners.

The Challenge: Unintentional injuries are a major health inequality, with children having a 45% increased chance of injury in the most deprived areas, a number which is increasing year on year. The challenge therefore, when planning our approach to reducing unintentional injuries, was that we looked at how we could secure the best outcomes at all 4 of the levels of the Health Visiting service from Community to Universal Partnership Plus. The 5 Universal health visiting contacts provide the opportunity for relevant accident prevention messages and support for parents at key stages in a child's development, however in addition to these it was important that we trained staff to enable them to provide opportunistic advice at all contacts with parents. For our most vulnerable families and those who were hard to engage in groups, we would need to provide a more tailored, individualised approach dependent on their circumstances.

Approach Taken: Phase one of the project was to identify and train Health Visitor Champions to support the teams with education and the practical applications, including integrated working, following their training. Phase two was to train all the skill mix staff in the teams to be able to engage parents in accident prevention and in basic first aid advice for choking, burns, cuts and abrasions and minor head injuries. Phase three of the project is to train all the Health Visitors in accident prevention using the newly developed iHV training package to support the most vulnerable families.

The Impact of the Health Visitor led 'Reducing Unintentional Injury in Hampshire's Under-5s project'

Since the completion of phase one and phase two of the project, Health Visitors have been supporting their skill mix staff in engaging parents in accident prevention in a number of different ways

- Health Visitors have supported the skill mix staff to develop strengths based sessions on reducing unintentional injury that educate and inform in a supportive and blame-free way that are being delivered as part of a package of post natal support in Children's Centres with positive outcomes and feedback from parents.
- Teams have been taking part in public events to raise the profile of accident prevention across the county. These events have been supported by our Children's Centre colleagues and our School Nursing teams to maximise their reach.
- Health Visitor Champions have been liaising with Children Centre staff who have also been invited to attend training sessions with our skill mix staff to encourage a fully integrated approach and further sessions are planned to include colleagues from Early Years Settings.

- Health Visitors are leading on the development of a model of intervention for reducing unintentional injury that can be used to support our most vulnerable families and those whose children are on a Child in Need or Child Protection Plan.
- There has been a marked increase in awareness of all members of the Health Visiting teams about reducing unintentional injury which is being translated into practice both opportunistically as well as during the five universal Health Visiting contacts.

Moving Forward: Our project, although still in its infancy, has shown the remarkable difference that skilled and educated interventions can make when delivering key public health messages. Investing in our Health Visitors and their teams has already raised the profile of accident prevention with parents and with key partner agencies. Across the country Health Visitors are ideally placed to replicate these impacts by working, as we have done, with families, Children's Centres, A&E departments, Minor Injury Units, colleagues in General Practice and other key partners in early year's provision to ensure consistent messages are given on reducing unintentional injury. Our project has shown that Health Visitors are ideally placed to affect real change through education, integrated working and the unique service that they provide to all families.

A Health Improvement Programme for Gypsies and Travellers, North Bristol

- Gypsy and Traveller communities in the UK experience wide-ranging inequalities. The health status for this group is considerably poorer than any other English-speaking ethnic minority groups.
- The universal health visiting service is provided in a non-stigmatising way to all families and ensures that there are no “hard to reach groups”.
- This case study describes a health visiting project to improve health and wellbeing amongst the Gypsy and Traveller communities of South Gloucestershire.
- Within South Gloucestershire there are two Local Authority run Gypsy and Travellers sites, and it was these sites that the specialist health visitor for Gypsies and Travellers decided to focus attention and to provide a health improvement programme
- It was agreed with the families involved that the phone book would include some health promotion information in an easy-read format with plenty of images that were culturally sensitive.
- Once it was finished, the phone book became an important means of providing information on how to access services and, therefore, a key tool in reducing health inequalities in the Gypsy and Traveller community living in South Gloucestershire.

Author: Sheila Lally; Senior Lecturer University of the West of England and Specialist Health Visitor for Gypsies and Travellers.

Date: 9.8.2015

Local Authority: South Gloucestershire Council (North Bristol NHS Trust)

Background: Gypsy and Traveller communities in the UK experience wide-ranging inequalities. The reality for Gypsy and Traveller families is that they belong to a community that is the most excluded in the U.K. The health status for this group is considerably poorer than any other English-speaking ethnic minority groups. This disparity is generally attributed to poor accommodation, poor access to health services and education, and discrimination. There is a strong causal link between the social exclusion they experience, stigmatisation and lack of control over their situation, and increased levels of ill-health. The universal health visiting service is provided in a non-stigmatising way to all families and ensures that there are no “hard to reach groups”. By identifying and responding to local needs, the health visiting service can provide a more targeted service to the most disadvantaged children to improve health outcomes. This case study describes a health visiting project to improve health and wellbeing amongst the Gypsy and Traveller communities of South Gloucestershire.

Challenges: In order to improve the health of Gypsies and Travellers living in South Gloucestershire, it was first important to identify what this community wanted and what would they find to be accessible. A funding stream needed to be identified and a successful application needed to be made prior to the start of the project. Getting different organisations to work together effectively.

Approach taken: Within South Gloucestershire there are two Local Authority run Gypsy and Travellers sites, and it was these sites that the specialist health visitor for Gypsies and Travellers decided to focus attention and to provide a health improvement programme that

suited the needs of the families living on these sites. Getting to know the families on both sites has proved extremely important: the families needed to gain trust in the specialist health visitor, while she needed to identify the needs and health-related behaviours of those families. In order to build relationships, the specialist health visitor approached four families – two from each site – to work on a telephone book of services for Gypsy and Traveller families living in the South Gloucestershire area. The specialist health visitor also approached Barnardos asking the charity for support in getting this project started and taking photographs on-site. The women in the families approached were interested in the project and eagerly engaged, providing old photographs of their families and talking about their travelling culture and health-related beliefs. It was agreed with the families involved that the phone book would include some health promotion information in an easy-read format with plenty of images that were culturally sensitive. The 6 High Impact Areas were used as a guide, along with suggestions made by the Gypsy and Traveller women involved in the project. Once it was finished, the phone book became an important means of providing information on how to access services and, therefore, a key tool in reducing health inequalities in the Gypsy and Traveller community living in South Gloucestershire.

The Health Improvement Programme: The information gained from talking to the women on both sites, and from other workers who were involved in providing services to Gypsies and Travellers in South Gloucestershire, was used by the specialist health visitor to put together a proposal for funding to Public Health-South Gloucestershire. The proposal outlined a Health Improving Programme to be delivered to both sites, and identified the people who would be involved in its delivery. The proposal aimed to incorporate themes taken from South Gloucestershire Council's *Joint Health and Wellbeing Strategy for 2013-16*, which outlines the need to reduce the disparity in health outcomes faced by the most disadvantaged and vulnerable, along with the 6 High Impact Areas. The women involved with the creation of the phonebook of services, along with other members of the Gypsy and Traveller community spoke to the specialist health visitor about the lack of activities for the children on the sites. It was for this reason that the specialist health visitor approached Sure Start about getting involved by providing play and development activities at the same time as each health improvement activity. Public Health-South Gloucestershire provided the specialist health visitor with a budget of £600 to be used to deliver a Health Improvement Programme to the two local author sites in the area (Table 1). The specialist Health Visitor began the programme with a fun activity to engage and built trust with the families. This was popular with the young mothers and other young women on the sites, and was used as a 'bridge' to more serious issues affecting Gypsies and Travellers in South Gloucestershire.

Table 1 – Health Improvement Programme for Highwood Park and Northwood Park

Date	Health improvement activity	Play and development activity	Venue	Who will be involved	Incentives
December 2013	Festive Fun: making mince pies	Led by Sure Start	Northwood Park Highwood Park	Specialist health visitor	Mince pies and recipe cards
January 2014	Trailer safety and accident prevention	Led by Sure Start	Northwood Park Highwood Park	Health improvement specialist, Specialist health visitor	Hair straightener bags, plug covers, and other safety equipment

May 2014	Oral health	Led by Sure Start	Northwood Park Highwood Park	Dental team, Specialist health visitor	Doidy Cups and toothbrush packs
September 2014	Book sharing	Led by Sure Start	Northwood Park Highwood Park	Bookstart coordinator; Specialist health visitor	Gypsy and Traveller books; Bookstart packs
December 2014	Making healthy choices and staying healthy	Led by Sure Start	Northwood Park Highwood Park	Health improvement specialist practitioner; Specialist health visitor	Sugar swaps information; Breastfeeding information; Gypsy and Traveller healthy eating cookbook

Impact

- An average attendance at each activity was 10 mums with their children, all of whom actively engaged with the activities.
- A comment by an older resident of Highwood Park “*It’s lovely to see the children enjoying themselves and having something to do*”.
- Breastfeeding rates are very low in the Gypsy and Travellers community; after the programme was completed several young Mums approached the specialist health visitor wanting more information about breastfeeding.
- The specialist health visitor was asked by a male resident on Highwood Park for more information about how to reduce his weight and keep his blood pressure within a healthy range. Several other men asked about how to keep healthy.
- The specialist health visitor was asked for healthy weight advice by 5 women from both sites; and 1 teenage girl.
- 5 referrals were to *Exercise on Prescription* by the specialist health visitor.
- The specialist health visitor has observed a reduction in prolonged feeding bottle use and an increased use of feeding cups. The children reported they brushed their teeth more often.
- The specialist health visitor observed that mothers were mirroring the behaviours of the Sure Start workers and playing with their children more. Many asked for *Play on Prescription* vouchers enabling them to use the leisure centre.
- When the specialist health visitor visited the sites she was often asked when the next health improvement activity was happening as one young Mum said “*it’s nice to have something different to do and have something for the children to do*”.

As a result of the success of the Health Improvement Programme a further project was implemented by the specialist health visitor aimed at improving health and educational outcomes (by improving school readiness and continuing with the health improvement activities) for children on both sites in South Gloucestershire. This involved a joint project with Bristol Playbus and the specialist health visitor. This project is currently running and as yet not been evaluated.